

Antidepressant Use in Pediatrics

The Alabama Medicaid Agency would like to address concerns regarding antidepressant therapy in pediatrics. Fluoxetine and fluvoxamine both have indications for depression and/or OCD in the pediatric population equal to or above age eight. Both are preferred drugs in their generic forms and are available with no prior authorization required. Furthermore, "the efficacy of Zoloft in pediatric patients with major depressive disorder, panic disorder, PTSD, PMDD or social anxiety disorder has not been systematically evaluated" (Zoloft package insert, updated August 2003).

The Agency would also like to clear any confusion concerning the use of a non-preferred brand antidepressant. The prior authorization process follows a systematic criteria set forth by the Medicaid Agency which includes unsuccessful trials of at least two previous antidepressants. In addition, documentation of current therapy of a non-preferred brand antidepressant for a period greater than 60 days will be sufficient to grant approval for the non-preferred antidepressant in question. This sixty day "grace period" is to ensure maximum patient outcome for those patients already stable on a particular antidepressant. The Agency would ultimately like to see a shift to preferred brands and covered generics; however, we realize that in some cases, it is in the patient's best interest to keep stability in the forefront.

We hope this will clear any uncertainty that may arise; we are working diligently to make the PDL transition process as smooth as possible for everyone involved. If you have any further questions please feel free to view updated information at our website, www.medicaid.state.al.us.